

## Miscellaneous Information

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

	Yes	No	General Information
			1. Were there any changes to your filing status or number of dependents during 2011?
			2. Can you or your spouse be claimed as a dependent by someone else?
			3. Did you incur any childcare expenses?
			4. Did you have a change in residence or job location during the year?
			5. Did you move during 2011? From where? _____ Date of move _____
			6. Did you reside in more than one state during 2011? If yes, which states? _____
			7. Did you receive any notices from the IRS or the state taxing agency? If yes, please attach.
			8. Would you like a copy of your tax return sent to you via email?
			9. Did you receive an Economic Recovery Payment in 2011 from social security benefits, supplemental security income, or pension benefits?

	Yes	No	Income Information
			1. Have you received all W-2s from all employers? How many W-2s are attached? _____
			2. Did you use your vehicle on the job other than for commuting to work?
			3. Did you have an employer-provided vehicle which you drove home or used personally? If so, enter the lease value. \$ _____
			4. Did you work out of town at any time during the year?
			5. Did you earn income from a state other than the state in which you live? If yes, what state and how much? _____
			6. Did you or your spouse receive any tips not reported to your (or your spouse's) employer?
			7. Did you receive any disability income during the year? \$ _____. Attach 1099-R.
			8. Did you have an interest in or signature over a bank or brokerage account in a foreign country? Were you a grantor of or transferor to a foreign trust?
			9. Did you earn interest from, or are you an authorized signature holder on, a foreign bank account?
			10. Did you have any income from, or pay taxes to, a foreign country?
			11. Did you engage in any bartering transactions during 2011?
			12. Did you surrender any U.S. Savings Bonds during 2011?
			13. Did you receive any state or local income tax refunds from prior years?
			14. Do you or your spouse have any IRA accounts?
			15. Did you recharacterize any IRAs this year?
			16. Did you or your spouse "roll over" a profit-sharing or retirement plan distribution into another plan?
			17. Did you receive a Schedule K-1 from a partnership, S corporation, or trust? If so, please attach.
			18. Did you or your spouse receive any social security benefits during the year? Attach Form(s) SSA-1099.
			19. Did you receive any type of prize, award, or gambling winnings during 2011?
			20. Did you receive any of the following: Unemployment Income, Combat Pay, Jury Duty and/or Alimony, or Maintenance Received? If so, what and how much? _____
			21. Did you receive any income not shown in this organizer? If so, please list. _____
			22. Does anyone owe you money that has become uncollectible?

Comments: \_\_\_\_\_  
 \_\_\_\_\_

## Miscellaneous Information

Name:

SSN:

Yes	No	<b>Business Information</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you start a new business or purchase any rental property during 2011?
<input type="checkbox"/>	<input type="checkbox"/>	2. Have you purchased any business assets (furniture, equipment, etc.) or converted any assets to business use? If yes, please list on an attached sheet the date placed in service, cost or basis of asset, business use percentage, etc.
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you dispose of any business assets (including real estate)? If yes, please list on an attached sheet the date removed from service, selling price and expense of sale.
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you own rental property? What percentage of time did you spend managing your rentals? _____
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you purchase any gasoline, diesel, or special fuels for non-highway business use?

Yes	No	<b>Other Information</b>
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any tuition costs paid during 2011 (even if classes were attended in another year)?
<input type="checkbox"/>	<input type="checkbox"/>	2. Did anyone in your household attend higher education classes in 2011?
<input type="checkbox"/>	<input type="checkbox"/>	3. Did you incur a loss due to damaged or stolen property?
<input type="checkbox"/>	<input type="checkbox"/>	4. Did you purchase a home for your personal residence between April 8, 2008, and December 31, 2008 in which the First-Time Homebuyer Credit was taken on the home?
<input type="checkbox"/>	<input type="checkbox"/>	5. Did you refinance your principal home or your second home or make a home equity loan during the year? If yes, please provide all escrow, closing, and other pertinent documentation and information.
<input type="checkbox"/>	<input type="checkbox"/>	6. Did you purchase or sell a home that you used as a principal residence? If yes, please provide closing documentation.
<input type="checkbox"/>	<input type="checkbox"/>	7. If yes to question 6 was the First-Time Homebuyer Credit taken?
<input type="checkbox"/>	<input type="checkbox"/>	8. Did you make any gifts to any one person in 2011 in excess of \$13,000? If so, are you splitting this gift with your spouse?
<input type="checkbox"/>	<input type="checkbox"/>	9. Did you pay wages to any household employees (babysitter, housekeeper, nanny, etc.)?

**To itemize deductions, bring receipts and documentation for these types of expenses:**

- Prescriptions, first-aid
- State/local income taxes
- Mortgage interest
- Tax preparation fees
- Gambling losses (up to amount of winnings)
- Cash donations to charity (provide all receipts)
- Medical/Dental/Vision expenses and insurance premiums, mileage and lodging for seeking medical care (but not meals)
- Real estate and personal property taxes paid in 2011
- Unreimbursed employee/work-related expenses (if self-employed, do not include items reported on Schedule C)
- Fair market value of property donated to charity
- Purchase price of new goods donated or used in volunteer work

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Miscellaneous Information

Name:

SSN:

## Information to bring to your appointment:

- Driver's license & social security card (for identity verification)
- Copy of your 2010 income tax return (for comparison and review for all includible information)
- Preprinted IRS label received
- Original W-2s and other statements of income received from employers
- 1099s and other statements reporting interest/dividend/miscellaneous income
- Records of other income received (tips, self-employment, SSI, combined bank reporting statements)
- Cancelled checking/savings slip (for direct deposit/direct debit information)

Concerns to discuss with preparer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Preparer Notes

### Miscellaneous Notes

## Personal Data

Filing Status:  Single  Married Filing Joint  Married Filing Separate  Head of Household

Taxpayer Name SSN

Spouse Name SSN

Address Apt no.

City State Zip

Foreign State/Province Foreign Postal Code

Foreign Country

Taxpayer Date of Birth Spouse Date of Birth

Occupation Occupation

Daytime phone: Ext: Daytime phone: Ext:

Evening phone: Ext: Evening phone: Ext:

Cell: Cell:

E-mail E-mail

Full time student  Blind  Active military  Full time student  Blind  Active military

Do you want \$3 to go to the Presidential Election Camp Fund?  Does your spouse want \$3 to go to the Presidential Election Camp Fund?

Date and time of this year's appointment

### Income Taxes Paid

<b>Federal</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 15, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 18, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

<b>Resident State</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 15, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 18, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

<b>Local</b>		2011 estimate date due	2011 est amount	Amount paid	Date paid	Check no.
2010 Refund		April 15, 2011				
2010 Refund applied to 2011		June 15, 2011				
2010 Balance Due		Sept. 15, 2011				
		Jan. 18, 2012				
Amount paid	Date paid	Check no.	Amount paid	Date paid	Check no.	Amount paid
Additional payments made						

## Dependents

<b>Name:</b>				<b>SSN:</b>			
First name/MI		Last name			Suffix		
SSN/ITIN		Relationship			Number of months lived with you		
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		
					<b>2011</b>		<b>2010</b>
Child Care Credit - qualifying expenses incurred and paid in 2011							
Child Care Credit - portion of qualifying expenses provided by employer							
Education Credits - current year qualifying expenses for American Opportunity Credit							
Education Credits - current year qualifying expenses for Lifetime Learning Credit							
First name/MI		Last name			Suffix		
SSN/ITIN		Relationship			Number of months lived with you		
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		
					<b>2011</b>		<b>2010</b>
Child Care Credit - qualifying expenses incurred and paid in 2011							
Child Care Credit - portion of qualifying expenses provided by employer							
Education Credits - current year qualifying expenses for American Opportunity Credit							
Education Credits - current year qualifying expenses for Lifetime Learning Credit							
First name/MI		Last name			Suffix		
SSN/ITIN		Relationship			Number of months lived with you		
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		
					<b>2011</b>		<b>2010</b>
Child Care Credit - qualifying expenses incurred and paid in 2011							
Child Care Credit - portion of qualifying expenses provided by employer							
Education Credits - current year qualifying expenses for American Opportunity Credit							
Education Credits - current year qualifying expenses for Lifetime Learning Credit							
First name/MI		Last name			Suffix		
SSN/ITIN		Relationship			Number of months lived with you		
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		
					<b>2011</b>		<b>2010</b>
Child Care Credit - qualifying expenses incurred and paid in 2011							
Child Care Credit - portion of qualifying expenses provided by employer							
Education Credits - current year qualifying expenses for American Opportunity Credit							
Education Credits - current year qualifying expenses for Lifetime Learning Credit							
First name/MI		Last name			Suffix		
SSN/ITIN		Relationship			Number of months lived with you		
DOB		Does this dependent have income over \$950?			<input type="checkbox"/>		
					<b>2011</b>		<b>2010</b>
Child Care Credit - qualifying expenses incurred and paid in 2011							
Child Care Credit - portion of qualifying expenses provided by employer							
Education Credits - current year qualifying expenses for American Opportunity Credit							
Education Credits - current year qualifying expenses for Lifetime Learning Credit							

## Child & Dependent Care

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010

Child Care Provider's Social Security Number or Employer ID Number

Child Care Provider's Name

Child Care Provider's Address

Child Care Provider's City State Zip

Child Care  
Provider's Phone

Amount Paid in 2011

Amount Paid in 2010





## Profit or Loss From Business Schedule C

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS	Principal business or profession	Business code	
Business name		Employer I.D. number	
Business address			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Activity type			You disposed of this property during 2011 <input type="checkbox"/>
You started or acquired this business during 2011 <input type="checkbox"/>			
Did you make any payments in 2011 that would require you to file Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If, Yes," did you or will you file all required Forms 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No

	2011	2010		2011	2010
--	------	------	--	------	------

<b>Income</b>					
Payments from Form 1099-K			Returns and allowances		
Gross receipts or sales			Other income		
Statutory Employee Earnings					

	2011	2010		2011	2010
--	------	------	--	------	------

<b>Expenses</b>					
Advertising			Taxes and licenses		
Car and truck expenses			Travel		
Commissions and fees			Total meals and entertainment		
Contract labor			Utilities		
Depletion			Wages		
Employee benefit programs			Other expenses (list):		
Insurance (other than health)					
Mortgage interest (paid to banks etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance			Other (Detail)		
Supplies			Family Health Coverage		

	2011	2010		2011	2010
--	------	------	--	------	------

<b>Cost of goods sold</b>					
Inventory at beginning of the year			Materials and supplies		
Purchases (less cost of items withdrawn for personal use)			Other costs		
Cost of labor			Inventory at end of year		

Inventory method, if not Cost  Lower of Cost or Market  Other  There was a change of inventory method



## Sale of Home

**Name:**

**SSN:**

Enter the date you purchased the home

Enter the date you sold the home

Enter the purchase price of your old home

Seller-paid points for old home if bought after 1990

Enter the selling price of the old home

Enter any expenses from the sale of the old home

**Settlement fees or closing costs for old home.**

Abstract and recording fees

Legal fees

Surveys

Title insurance

Transfer or stamp taxes

Amounts the seller owed that you agreed to pay

Other fees or closing cost

Cost of capital improvements to old home

Special tax assessments paid on old home for local improvements, such as streets

**Other increases to basis:**

Describe:

If home was used for business, enter any depreciation claimed

**Other decreases to basis:**

Describe:

**Information on time lived in the home sold**

**You**

**Spouse**

Enter the date that you first used the property as a main home

Enter the date that you first owned the property as a main home

Have you excluded gain from the sale of another home during the 2-year period ending on the date of this sale?

Yes

No

Yes

No

If YES, answer the following:

Enter date of most recent sale of another home on which you excluded the gain

**Check the box below that applies to you if the home sold and the First Time Homebuyer Credit (Form 5405) was taken on this home.**

I sold the home to a related person

I converted the home to a rental or business or I still own the home but it is no longer my main home

I transferred the home to spouse (or ex-spouse as part of my divorce settlement) Ex-spouse's Name \_\_\_\_\_

My home was destroyed, condemned, or disposed of under threat of condemnation and I acquired or plan to acquire a new home within 2 years

My home was destroyed, condemned, or disposed of under threat of condemnation and I do not plan to acquire a new home within 2 years

The taxpayer who claimed the credit died in 2011.

Amount of First-Time Homebuyer Credit taken

**Please bring the contract for the sale of the home to your appointment.**

## Casualties and Thefts

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area			
Fair market value after incident					

**Appendix A Information for Ponzi losses**

Part II Computation of Deduction

Initial investment		Percentage of qualified investment	
Subsequent investments		Actual recovery	
Income reported in prior years		Potential insurance / SIPC recovery	
Withdrawals			

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State Zip

Description of properties:	Location:	Personal	Business	Investment	Employee
Cost or other basis		Date acquired			
Insurance or other reimbursement (whether or not you filed a claim)		Date of incident			
Fair market value before incident		<input type="checkbox"/> Loss from federally declared disaster area			
Fair market value after incident					

**Appendix A Information for Ponzi losses**

Part II Computation of Deduction

Initial investment		Percentage of qualified investment	
Subsequent investments		Actual recovery	
Income reported in prior years		Potential insurance / SIPC recovery	
Withdrawals			

Part III Required Statements and Declarations

Name of person or entity that conducted fraudulent arrangements

Name	SSN/EIN
Street Address	
City	State Zip

## Supplemental Income and Loss

### Part I - Income or Loss From Rental Real Estate and Royalties

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ		Property description	Activity Type
-----	--	----------------------	---------------

Did you make any payments in 2011 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099?  Yes  No

Property Address

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Single Family Residence  Multi-Family Residence  Vacation / Short Term Rental

Commercial  Land  Royalties

Self-Rental  Other \_\_\_\_\_

Fair Rental Days \_\_\_\_\_ Personal use days \_\_\_\_\_

If multi-dwelling unit and the taxpayer occupies part, enter the percentage occupied by the taxpayer

This is your main home

Some investment is NOT at risk  Property was 100% disposed of in 2011  Property is a Single Member LLC

**Income:**

	2011	2010
Enter merchant card and third party payments from Form 1099-K		
Enter "cashback" amounts, processing fees, other non-income items		
Payments not reported to you from Form 1099-K		

**Expenses:**

	Direct expense		Indirect expense	
	2011	2010	2011	2010
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance <input type="checkbox"/> Includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				
Other: (list)				

**Other Information:** Ownership Percentage \_\_\_\_\_

## Form 1099-G Unemployment Compensation

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ | | Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Payer's phone: \_\_\_\_\_

Account number: \_\_\_\_\_

	2011	2010		2011	2010
Unemployment compensation			State     State I.D.		
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

TSJ | | Payer's Federal I.D. Number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Payer's address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Payer's phone: \_\_\_\_\_

Account number: \_\_\_\_\_

	2011	2010		2011	2010
Unemployment compensation			State     State I.D.		
Unemployment compensation repaid in current year			State unemployment		
State/local tax refunds/credits			State withholding		
Tax year					
Federal tax withheld			<input type="checkbox"/> Unemployment benefits are from railroad		
ATAA payments					
Taxable grants					
Agriculture					
<input type="checkbox"/> Trade/business					
Market gain					

# Form 1099-MISC

Please attach all 1099-M(s)

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS  For  Payer's Federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

	2011	2010			2011	2010
Rents			State	State I.D.		
Royalties			State tax withheld			
Other income			State income			
Description			Name of locality			
Federal tax withheld			Local tax withheld			
Fishing boat proceeds			Local income			
Medical & health care payments			State	State I.D.		
Non-employee compensation			State tax withheld			
Substitute payments			State income			
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality			
Crop insurance proceeds			Local tax withheld			
Excess golden parachute			Local income			
Gross attorney proceeds						

TS  For  Payer's Federal ID number: \_\_\_\_\_

Payer's name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

	2011	2010			2011	2010
Rents			State	State I.D.		
Royalties			State tax withheld			
Other income			State income			
Description			Name of locality			
Federal tax withheld			Local tax withheld			
Fishing boat proceeds			Local income			
Medical & health care payments			State	State I.D.		
Non-employee compensation			State tax withheld			
Substitute payments			State income			
<input type="checkbox"/> Payer made direct sales of \$5,000 or more of consumer products			Name of locality			
Crop insurance proceeds			Local tax withheld			
Excess golden parachute			Local income			
Gross attorney proceeds						

## Pension, Annuities, Retirement, Etc. Distributions

Please attach all 1099-R(s), SSA statements, etc.

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Payer's name:					Payer's Federal ID Number:		
Address:									
City, State, Zip							<b>2011</b>	<b>2010</b>	
		<b>2011</b>	<b>2010</b>	State			State I.D.		
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld					
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution					
Gross distribution				Name of locality					
Taxable amount				Local income tax withheld					
Total distribution		<input type="checkbox"/>	<input type="checkbox"/>	Local distribution					
Capital gain				State			State I.D.		
Federal income tax withheld				State income tax withheld					
Employee contributions or insurance premiums				State distribution					
Distribution code(s)				Name of locality					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld					
Your percentage of total distribution				Local distribution					

TS		Payer's name:					Payer's Federal ID Number:		
Address:									
City, State, Zip							<b>2011</b>	<b>2010</b>	
		<b>2011</b>	<b>2010</b>	State			State I.D.		
Disability indicator		<input type="checkbox"/>	<input type="checkbox"/>	State income tax withheld					
Report as wages on 1040		<input type="checkbox"/>	<input type="checkbox"/>	State distribution					
Gross distribution				Name of locality					
Taxable amount				Local income tax withheld					
Total distribution		<input type="checkbox"/>	<input type="checkbox"/>	Local distribution					
Capital gain				State			State I.D.		
Federal income tax withheld				State income tax withheld					
Employee contributions or insurance premiums				State distribution					
Distribution code(s)				Name of locality					
IRA/SEP/SIMPLE Roth: Y/N <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Local income tax withheld					
Your percentage of total distribution				Local distribution					

## Social Security Benefit Statement

		2011	2010			2011	2010			2011	2010
TS	Net benefits			Medicare premiums				Income tax withheld			
TS	Net benefits			Medicare premiums				Income tax withheld			

## Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Part I - General Information**

Taxpayer's foreign address

Foreign city \_\_\_\_\_ ST \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Country code \_\_\_\_\_ Occupation \_\_\_\_\_

Employer's name

Employer: US address

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Employer: Foreign address

City \_\_\_\_\_ ST \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Employer is: (check any that apply)  A foreign entity  A U.S. company  Self  
 A foreign affiliate of a U.S. company  Other (specify): \_\_\_\_\_

If after 1981, you filed Form 2555 or 2555-EZ to claim an exclusion, enter the last year you filed a Form 2555.

If you claimed an exclusion in an earlier year (after 1981), have you ever revoked your choice?  Yes  No

If Yes, give the type of exclusion and the tax year for which the revocation was effective.

Of what country are you a citizen/national?

Did you maintain a separate foreign residence for your family because of adverse living conditions at your tax home?  Yes  No

If Yes, enter the city and country of the separate foreign residence. Also, show the number of days during your tax year that you maintained a second household at that address.

City and country	Number of Days			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>			
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List your tax home(s) during your tax year and date(s) established

Home	Date Established			
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## Foreign Earned Income

For Use by U.S. Citizens and Resident Aliens Only

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### Part II - Taxpayers Qualifying Under Bona Fide Residence Test

Date bona fide residence began \_\_\_\_\_, ended \_\_\_\_\_

Kind of living quarters in foreign country  Purchased house  Rented house or apartment  Rented room  
 Quarters furnished by employer

Did any of your family live with you abroad during any part of the tax year?  Yes  No

If Yes, who and for what period	Relationship	For what Period

Have you submitted a statement to the authorities of the foreign country where you claim bona fide residence that you are not a resident of that country?  Yes  No

Are you required to pay income tax to the country where you claim bona fide residence?  Yes  No

If you were present in the United States during the tax year, enter the information below.

Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business	Date arrived in U.S.	Date left U.S.	Number of days in U.S. on business	Income earned in U.S. on business

State any contractual terms or other conditions relating to the length of your employment abroad:

State the type of visa under which you entered the foreign country:

Did your visa limit the length of your stay or employment in a foreign country? (If Yes, attach explanation)  Yes  No

Did you maintain a home in the United States while living abroad?  Yes  No

If Yes, enter address of your home, whether it was rented, the names of the occupants, and their relationship to you

Address

Occupant Name:	Relationship:

### Part III - Taxpayers Qualifying Under Physical Presence Test

The physical presence test is based on the 12-month period from: \_\_\_\_\_ through: \_\_\_\_\_

Enter your principal country of employment during your tax year:

Enter all travel abroad during the 12-month period shown above. Exclude travel between foreign countries that did not involve travel on or over international waters, or in or over the United States, for 24 hours or more. If the last entry is an arrival in a foreign country, enter the number of full days to the end of the 12-month period. If you have no travel to report during the period, write in the schedule "physically present in a foreign country or countries for the entire 12-month period." **Do not** include the income listed in the last column below in Part IV, but report it on Form 1040.

Name of country (including U.S.)	Date arrived	Date left	Full days present in country	Number of days in U.S. on business	Income earned in U.S. on business (attach computation)

## Foreign Earned Income

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Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Foreign Earned Income	2011	2010
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Total wages, salaries, bonuses, commissions, etc.		
---	--	--

Allowable share of income for personal services performed:		
--	--	--

In a business (including farming) or profession		
---	--	--

In a partnership (list name, address, and type of income)		
---	--	--

<b>Noncash income:</b>		
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Home (lodging)		
----------------	--	--

Meals		
-------	--	--

Car		
-----	--	--

Other property or facility (specify)		
--------------------------------------	--	--

<b>Allowances, reimbursements, or expenses paid on your behalf for services performed:</b>		
--	--	--

Cost of living and overseas differential		
--	--	--

Family		
--------	--	--

Education		
-----------	--	--

Home leave		
------------	--	--

Quarters		
----------	--	--

Other (specify)		
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Other foreign earned income (specify):		
--	--	--

Meals and lodging that are excludable		
---------------------------------------	--	--

<b>For Taxpayers Claiming the Housing Exclusion and/or Deduction</b>		
--	--	--

Qualified housing expenses for the tax year		
---	--	--

Location where housing expenses incurred		
--	--	--

Limit on housing expenses		
---------------------------	--	--

Enter the number of days in qualifying period that fall within your 2011 tax year		
---	--	--

Enter employer-provided amounts		
---------------------------------	--	--

<b>For Taxpayers claiming the foreign earned income exclusion</b>		
---	--	--

Enter the number of days in qualifying period that fall within your 2011 tax year		
---	--	--

## Moving Expenses

Name:

SSN:

	2011	2010
TSJ <input style="width: 40px;" type="text"/>		
Enter the number of miles from your OLD home to your NEW workplace		
Enter the number of miles from your OLD home to your OLD workplace		
Enter the amount you paid for transportation and storage of household goods and personal effects		
Enter the amount you paid for travel and lodging incurred during move (do NOT include cost of meals)		
Enter the amount of moving expenses reimbursed to you by your employer		
Was this a military move? <input type="checkbox"/> Yes		

## Self-Employed Health Insurance

	2011	2010
TSJ <input style="width: 40px;" type="text"/>		
Enter total payments made during the tax year for health insurance established under business for you, your spouse or dependents		
Enter the qualified long term care amount		
Enter your medicare wages from an S corporation		

## Self-Employed Pensions

TSJ <input style="width: 40px;" type="text"/>		
Enter your plan contribution rate as a decimal		
Enter your allowable elective deferrals made during 2011		
Enter your catch-up contributions		
Enter the amount of designated ROTH contributions included above		

## Noncash Charitable Contributions

TSJ <input style="width: 40px;" type="text"/>	Donee I.D.
Name of donee organization	
Address of donee organization	
City, State, & ZIP of donee organization	
Description of donated property	<b>PROPERTY TYPE (if over \$5,000)</b>
Physical condition of donated property	Art valued more than \$20,000
Valuation method used	Art valued less than \$20,000
How was it acquired?	Collectibles
Date acquired	Qualified Conservation Contribution
Date contributed	Other Real Estate
Donor's cost or adjusted basis	Intellectual Property
Fair market value	Equipment
Bargain sale price	Securities
Average security price	Other

## Other Income and Adjustments

Name:

SSN:

### Income

	Taxpayer		Spouse	
	2011	2010	2011	2010
Taxable scholarships received				
Interest income (If over \$1,500 report only on Interest and Dividend sheet)				
Tax-exempt interest (If over \$1,500 report only on Interest and Dividend sheet)				
Dividend income (If over \$1,500 report only on Interest and Dividend sheet)				
Taxable refunds: State taxes				
Local taxes				
Alimony received				
IRA/pension distributions received. Was any portion rolled over? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Pension distributions received				
Unemployment compensation received				
Unemployment repaid in 2011				
Total Social Security received				
Lump sum benefits - earlier years				
Railroad Tier One benefits received				
Other income (please list):				

### Adjustments

Educator Expenses				
Self-employed SEP, SIMPLE and qualified plans				
Keogh contributions to defined contribution plan				
Keogh contributions to defined benefit plan				
Self-employed health insurance premium payments				
Penalty on early withdrawal of savings				
Alimony paid Name: SSN:				
Alimony paid Name: SSN:				
IRA contributions for 2011				
Student loan interest				
Jury duty pay given to employer				
Other adjustments (please list):				

## Itemized Deductions

Name:

SSN:

MEDICAL and DENTAL	2011	2010	GIFTS TO CHARITY (attach receipts)	2011	2010
Health insurance premiums			Total gifts by cash or check		
Long term care premiums			30% limitation		
Number of Medical miles before 7/1			Charitable miles		
Number of medical miles after 6/30			Other than by cash or check		
Other medical and dental expenses (list):			Carryover from prior year subject to:		
			50% limitation		
			30% limitation		
			30% limitation capital gain property		
			20% limitation		
			<b>JOB EXPENSES (list):</b>		
			Unreimbursed employee expenses		
<b>TAXES YOU PAID</b>					
State and local income taxes					
Sales tax					
Real estate taxes					
Taxes that qualify for State Property Tax Credit					
Personal property taxes					
Other taxes (list):					
			Tax preparation fees		
			OTHER EXPENSE (list):		
<b>INTEREST YOU PAID</b>					
Home mortgage interest & points on Form 1098					
Home mortgage interest not on Form 1098					
Name:					
Address:			<b>MISCELLANEOUS DEDUCTIONS</b>		
SSN/EIN:			Other deductions not subject to 2% limit		
Points not reported on Form 1098					
Qualified mortgage insurance premiums					
Investment interest					

## Mortgage Interest

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TSJ		For		Business name	Product	
Recipient/Lender Information:						
					<b>2011</b>	<b>2010</b>
Federal ID #					Mortgage interest received	
Name					Points paid	
Address					Refund overpaid interest	
City, State, Zip					Real Estate taxes paid	
Account Number					Mortgage insurance premiums	

TSJ		For		Business name	Product	
Recipient/Lender Information:						
					<b>2011</b>	<b>2010</b>
Federal ID #					Mortgage interest received	
Name					Points paid	
Address					Refund overpaid interest	
City, State, Zip					Real Estate taxes paid	
Account Number					Mortgage insurance premiums	

TSJ		For		Business name	Product	
Recipient/Lender Information:						
					<b>2011</b>	<b>2010</b>
Federal ID					Mortgage interest received	
Name					Points paid	
Address					Refund overpaid interest	
City, State, Zip					Real Estate taxes paid	
Account Number					Mortgage insurance premiums	

TSJ		For		Business name	Product	
Recipient/Lender Information:						
					<b>2011</b>	<b>2010</b>
Federal ID #					Mortgage interest received	
Name					Points paid	
Address					Refund overpaid interest	
City, State, Zip					Real Estate taxes paid	
Account Number					Mortgage insurance premiums	

TSJ		For		Business name	Product	
Recipient/Lender Information:						
					<b>2011</b>	<b>2010</b>
Federal ID #					Mortgage interest received	
Name					Points paid	
Address					Refund overpaid interest	
City, State, Zip					Real Estate taxes paid	
Account Number					Mortgage insurance premiums	

## Expenses for Business Use of Your Home

Name:

SSN:

TSJ  For

**Business Use of Home**

2011

2010

Square feet of home used exclusively for business

Total square feet of home

**Use of Home for Daycare**

2011

2010

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year?

Yes  No

**Expenses**

	Expenses directly related to business use only		Total Household expenses	
	2011	2010	2011	2010
Did you claim office in home expenses last year? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Deductible mortgage interest				
Real estate taxes				
Excess mortgage interest				
Insurance				
Rent				
Repairs and maintenance				
Utilities				
Other expenses				

**Cost of Home**

2011

2010

Enter the **smaller** of your home's adjusted basis or its fair market value

Does this include the value of the land?  Yes  No

Value of land

Date placed in service

Date taken out of service

## Employee Business Expense

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Occupation
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### Part I - Employee Business Expense and Reimbursements

	2011	2010
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do Not</b> include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were <b>not</b> reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals and entertainment expenses		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		
<input type="checkbox"/> Qualifying performing artist <input type="checkbox"/> Fee-based state or local government official <input type="checkbox"/> Pastor		

### Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2011	2010	2011	2010
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2011				
Business miles before 7/1 included above				
Business miles after 6/30 included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, was personal use during off duty hours permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

## Residential Energy Credits

**Name:**

**SSN:**

TSJ

Were improvements or costs made to your main home located in the US?

Yes  No

Address of main home

City, State, ZIP

Were improvements or costs related to the construction of this main home?

Yes  No

Enter the nonbusiness energy property credit that you took in:

2006	2007	2009	2010
Qualified energy efficient improvements			
Insulation material or systems primarily designed to reduce heat loss or gain			
Exterior doors that meet or exceed Energy Star requirements			
Metal or asphalt roof with appropriate pigmented coatings designed to reduce heat gain			
Exterior windows and skylights that meet or exceed Energy Star requirements			
Enter the amount of window expense you claimed in:			
2006	2007	2009	2010
Residential energy property costs			
Energy efficient building property costs			
Qualified natural gas, propane, or oil furnace or hot water boiler			
Advanced main air circulating fan used in a natural gas, propane, or oil furnace			
Residential Energy Efficient Property Credit			
Qualified solar electric property costs			
Qualified solar water heating property costs			
Qualified small wind energy property costs			
Qualified geothermal heat pump property costs			
Was qualified fuel cell property installed on or in your main home in US?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Address of main home			
City, State, ZIP			
Qualified fuel cell property costs			
Kilowatt capacity of property on line 22			
Amount of unused credit from 2010 Form 5695, line 28			

## Auto Expense Worksheet

Name:

SSN:

For

Business name & Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use?  Yes  No

Was your vehicle available for use during off-duty hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

Enter the number of miles your vehicle was used for:

**a** Business miles before 7/1

**b** Business miles before 6/30

**c** Commuting

**d** Other

2011

2010

**Expenses:**

2011

2010

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %